

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | |
|--|-------------|--|---|--|
| Full Name of Payee Matt M Clarke | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1254 Fleming St Apt 6 | | | Amount 30.00 | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : cbe4e882-f597-4bf8-a | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|---|--|
| Full Name of Payee Matt M Clarke | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1254 Fleming St Apt 6 | | | Amount 18.00 | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : 3bbb8b4c-d842-4fac-a | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 48.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 21 / 2014

Signature

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Sandra L Clarke | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1254 Fleming St Apt 6 | | Amount 30.00 | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : 7636150d-f2fd-4def-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 94086.88 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Timothy Foley | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 20679 Glenbrook Terrace | | Amount 35.00 | |
| City Sterling | State VA | Zip Code 20165 | Transaction ID : e6e95a43-17d9-467d-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 94086.88 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 65.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee James Kindstedt | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 5510 Dogwood Dr | | Amount 27.50 | |
| City Winston Salem | State NC | Zip Code 27105 | Transaction ID : ec4d31f6-0dd0-4eac-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee James Kindstedt | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 5510 Dogwood Dr | | Amount 13.08 | |
| City Winston Salem | State NC | Zip Code 27105 | Transaction ID : 5cd4bab3-e684-4d8a-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 40.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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| | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------|---|
| Full Name of Payee Joanna Kindstedt | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 |
| Mailing Address 2134 Tobaccoville Rd | | Amount 27.50 |
| City Rural Hall | State NC | Zip Code 27045 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : c029086e-ee3e-45bb-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------|---|
| Full Name of Payee Royce W Martin | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 |
| Mailing Address 317 Farris Rd Apt 1 | | Amount 30.00 |
| City Conway | State AR | Zip Code 72034 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : aa40de78-39ef-4a6e-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 57.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|--|---|--|
| Full Name of Payee Royce W Martin | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 317 Farris Rd Apt 1 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.00</div> | |
| City Conway | State AR | Zip Code 72034 | Transaction ID : da01eed0-9ab6-476c-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">318633.00</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► | |

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|---|--|---|--|
| Full Name of Payee Royce W Martin | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 317 Farris Rd Apt 1 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div> | |
| City Conway | State AR | Zip Code 72034 | Transaction ID : 2cad0d99-0155-4a51-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;">36.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Royce W Martin | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 317 Farris Rd Apt 1 | | Amount 6.00 | |
| City Conway | State AR | Zip Code 72034 | Transaction ID : 2bae7473-f8a1-415e-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Regina R Mouton | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 5827 Brighton Pl | | Amount 15.00 | |
| City New Orleans | State LA | Zip Code 70131 | Transaction ID : f292d096-3788-474e-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 21.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--|---|--|
| Full Name of Payee Regina R Mouton | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 5827 Brighton Pl | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.00</div> | |
| City New Orleans | State LA | | |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Transaction ID : 431320d6-e727-43c5-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">122209.33</div> | | | |

| | | | |
|---|--|---|--|
| Full Name of Payee Sue G Walker | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 3 Girard | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div> | |
| City Fort Smith | State AR | | |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Transaction ID : 21b93a9a-cad8-48b7-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">76.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee Sue G Walker | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 09 / 19 / 2014 </div> | | |
| Mailing Address 3 Girard | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.00</div> | | |
| City Fort Smith | State AR | Zip Code 72901 | Transaction ID : e65cb825-a731-4fb4-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 09 / 19 / 2014 </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR </div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|---|-------------|--|--|--|--|
| Full Name of Payee Monique Guillory | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 09 / 19 / 2014 </div> | | |
| Mailing Address 409 LaSalle Drive | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div> | | |
| City Little Rock | State AR | Zip Code 72211 | Transaction ID : 12c2ffff-34ab-4f29-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 09 / 19 / 2014 </div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR </div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">53.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

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Ms. Emily Buchanan
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Monique Guillory | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 409 LaSalle Drive | | Amount 7.50 | |
| City Little Rock | State AR | Zip Code 72211 | Transaction ID : 62b6dc19-ce1d-4af3-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee Edward N Walker | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 3 Girard St | | Amount 60.00 | |
| City Ft Smith | State AR | Zip Code 72901 | Transaction ID : a82ca270-3257-46e6-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 67.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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09 / 21 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------|---|---------------------------------------|
| Full Name of Payee Edward N Walker | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 3 Girard St | | Amount 10.05 | |
| City Ft Smith | State AR | Zip Code 72901 | Transaction ID : 208fc7d6-0ca2-4577-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Jodi Fountain | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1010 S Dogwood Drive | | Amount 32.50 | |
| City Bogalusa | State LA | Zip Code 70427 | Transaction ID : b75c0880-bbd8-4ab4-9 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 42.55 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|------------------------------|---|--|
| Full Name of Payee Jodi Fountain | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1010 S Dogwood Drive | | Amount 10.50 | |
| City Bogalusa | State LA | Zip Code 70427 | Transaction ID : 38aa37a0-f212-4d69-9 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|------------------------------|---|--|
| Full Name of Payee Jodi Fountain | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1010 S Dogwood Drive | | Amount 10.00 | |
| City Bogalusa | State LA | Zip Code 70427 | Transaction ID : d336842b-538a-4350-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 20.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 58
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|--------------------|---|---|
| Full Name of Payee Jodi Fountain | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1010 S Dogwood Drive | | Amount 26.40 | |
| City Bogalusa | State LA | Zip Code 70427 | Transaction ID : 88256c80-3634-41af-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|--------------------|---|---|
| Full Name of Payee Laura U Logie | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 2565 Shire Circle | | Amount 20.00 | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : 8d0af8fb-1e0b-4c7d-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 46.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 21 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Krystal A Wilson | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | | |
| Mailing Address 448 Judson Dr | | | Amount 45.00 | | |
| City Wake Forest | State NC | Zip Code 27587 | Transaction ID : 95ebcc52-401e-414a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|---|-------------|--|---|--|--|
| Full Name of Payee Virginia T Grant | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | | |
| Mailing Address 134 Shore Crest Circle | | | Amount 40.00 | | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 4ec06fe7-bd02-4f87-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 85.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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 09 / 21 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|--------------------|---|---|
| Full Name of Payee Virginia T Grant | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 134 Shore Crest Circle | | Amount 9.30 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : ae478ab3-38b5-4c3c-b |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee Miranda A Resinos | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1430 Sunnyside Rd | | Amount 70.00 | |
| City Alma | State AR | Zip Code 72921 | Transaction ID : cc0c77d2-8a57-4733-a |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 79.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 58
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Miranda A Resinos | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1430 Sunnyside Rd | | Amount 6.30 | |
| City Alma | State AR | Zip Code 72921 | Transaction ID : 3c3703d4-5220-4cfa-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Kirsten E McKinney | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1419 S Highbush Ave | | Amount 15.00 | |
| City Fayetteville | State AR | Zip Code 72701 | Transaction ID : a49b83cc-d9ac-4a9d-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 21.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|---|--|--|
| Full Name of Payee Kirsten E McKinney | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 1419 S Highbush Ave | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.80</div> | |
| City Fayetteville | State AR | | |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Transaction ID : 1da04c28-2bb8-4443-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|---|--|--|
| Full Name of Payee Claire A Smith | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 6610 Walcott Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div> | |
| City Paragoud | State AR | | |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Transaction ID : 4e0a7f3a-5884-40d8-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.80</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | |

| | | | | | |
|---|-------------|-----------------------|--|--|--|
| Full Name of Payee Claire A Smith | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Mailing Address 6610 Walcott Rd | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| City Paragoud | State AR | Zip Code 72450 | Transaction ID : 952a6d34-ad3f-40b0-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|---|-------------|-----------------------|--|--|--|
| Full Name of Payee Rachel L Anzalone | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Mailing Address 2319 West Oak | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| City El Dorado | State AR | Zip Code 71730 | Transaction ID : eb3f97f5-d3ae-4979-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 21.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 18 OF 58
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Logan B Piper | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 3205 Pebble Beach Rd | | Amount 31.40 | |
| City Conway | State AR | Zip Code 72034 | Transaction ID : 4d28a171-b1c9-4ccd-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee Logan B Piper | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 3205 Pebble Beach Rd | | Amount 10.59 | |
| City Conway | State AR | Zip Code 72034 | Transaction ID : a0d12628-da18-40e9-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 41.99 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 19 OF 58
FOR SE OF FORM 24/48

| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-----------------------------|---|--|
| Full Name of Payee Pamela Hooper | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 502 N Oak St | | Amount 40.00 | |
| City Little Rock | State AR | Zip Code 72205 | Transaction ID : ce5419bb-4b76-41c0-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee Pamela Hooper | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 502 N Oak St | | Amount 13.80 | |
| City Little Rock | State AR | Zip Code 72205 | Transaction ID : 5b84dd87-d593-4b76-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 53.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

| | | | |
|----------------------|----|----|----|
| PAGE | 20 | OF | 58 |
| FOR SE OF FORM 24/48 | | | |

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee James R Hooper | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 502 N Oak St | | Amount 40.00 | |
| City Little Rock | State AR | Zip Code 72205 | Transaction ID : 9221b5ec-83eb-4d6d-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Kenny Wallis | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 6412 Osage Dr | | Amount 55.00 | |
| City North Little rock | State AR | Zip Code 72116 | Transaction ID : f1b7b2a9-55ad-49a8-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 95.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 21 OF 58
FOR SE OF FORM 24/48

| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Kenny Wallis | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 6412 Osage Dr | | Amount 2.40 | |
| City North Little rock | State AR | Zip Code 72116 | Transaction ID : 4db79b34-43fb-4efa-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Patrice Wolfe | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 9909 Treasure Hill Rd | | Amount 15.00 | |
| City Little Rock | State AR | Zip Code 72205 | Transaction ID : f3fbd83c-c705-491a-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 17.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 22 OF 58
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | M | M | M | | | | D | D | D | | | | Y | Y | Y | Y | Y | Y | | | | | | |
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|---|-------------|---|---|---|----------|---|---|---|----|--|--|---|---|----------|---|--|------|---|---|---|---|---|---|----|----|--|--|--|--|
| Full Name of Payee Patrice Wolfe | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>09</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>19</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>20</td><td>14</td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | M | M | M | 09 | | | D | D | D | 19 | | | Y | Y | Y | Y | Y | Y | 20 | 14 | | | | |
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| 20 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 9909 Treasure Hill Rd | | | Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>1.50</td></tr></table> | | | | | | | | | | | | | | 1.50 | | | | | | | | | | | | |
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| | | | | | 1.50 | | | | | | | | | | | | | | | | | | | | | | | | |
| City Little Rock | State AR | Zip Code 72205 | Transaction ID : cbe8a490-3eee-4a09-8 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>09</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>19</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>20</td><td>14</td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | M | M | M | 09 | | | D | D | D | 19 | | | Y | Y | Y | Y | Y | Y | 20 | 14 | | | | |
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| 20 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>94086.88</td></tr></table> | | | | | | | | | | | | 94086.88 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | | | | | | | | | | | | |
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| | | | | | 94086.88 | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|-------------|--|---|---|-----------|---|---|---|----|--|--|---|---|-----------|---|--|-------|---|---|---|---|---|---|----|----|--|--|--|--|
| Full Name of Payee David Ford | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>09</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>19</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>20</td><td>14</td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | M | M | M | 09 | | | D | D | D | 19 | | | Y | Y | Y | Y | Y | Y | 20 | 14 | | | | |
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| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 106 Hillside St | | | Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>15.00</td></tr></table> | | | | | | | | | | | | | | 15.00 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 15.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| City Spindale | State NC | Zip Code 28160 | Transaction ID : d381d641-e116-42b7-9 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>09</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>19</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>20</td><td>14</td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | M | M | M | 09 | | | D | D | D | 19 | | | Y | Y | Y | Y | Y | Y | 20 | 14 | | | | |
| M | M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>318633.00</td></tr></table> | | | | | | | | | | | | 318633.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | | | | | | | | | | | | |
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| | | | | | 318633.00 | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|--|--|--|-------|--|--|--|--|--|--|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>16.50</td></tr></table> | | | | | | | | | | | | 16.50 |
| | | | | | | | | | | | | | |
| | | | | | 16.50 | | | | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (c) TOTAL Independent Expenditures.....▶ | <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | |
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 23 OF 58
 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|--|
| Full Name of Payee David Ford | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 106 Hillside St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.95</div> | |
| City Spindale | State NC | | |
| Purpose of Expenditure Mileage | Category/ Type 002 | Transaction ID : 66a9182a-7507-4be2-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------|---|--|
| Full Name of Payee Thomas Dias | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 110 Maryella Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div> | |
| City Searcy | State AR | | |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 5e344552-63b6-44a6-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">61.95</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|--|-------------|--|--|--|--|
| Full Name of Payee Thomas Dias | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Mailing Address 110 Maryella Dr | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.00</div> | | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 903a0832-9e75-49a5-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Name of Federal Candidate Mr. Mark L Pryor | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | |

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|--|-------------|--|--|--|--|
| Full Name of Payee Anthony Pearson | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Mailing Address 112 apache Dr | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div> | | |
| City Search | State AR | Zip Code 72149 | Transaction ID : de0a6eb3-b02f-43e1-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Name of Federal Candidate Mr. Mark L Pryor | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">41.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 21 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-------------------|---|--|
| Full Name of Payee Anthony Pearson | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 112 apache Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.00</div> | |
| City Search | State AR | Zip Code 72149 | Transaction ID : 0d982c49-6cb8-4eed-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/ Type | <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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|---|-------------------|---|--|
| Full Name of Payee Tammay Williams | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 924 N. Prieur St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div> | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : b1b5ba0a-1d52-4b01-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type | <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">122209.33</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">68.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 26 OF 58
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee Tammy Williams | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 924 N. Prieur St | | Amount 19.50 | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : bbe6c33d-0b99-415d-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee Antoinette Franklin | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 8822 Apple St | | Amount 60.00 | |
| City New Orleans | State LA | Zip Code 70188 | Transaction ID : 5802d085-bac9-4f01-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 79.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 27 OF 58
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-----------------------------|---|--|
| Full Name of Payee Ruthie M Thompson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 286 Wrenn Drive | | Amount 32.50 | |
| City Lexington | State NC | Zip Code 27292 | Transaction ID : cf1a94f5-1622-413b-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Marilyn A Holt | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 314 Tumbleweed Dr | | Amount 32.50 | |
| City Winston Salem | State NC | Zip Code 27127 | Transaction ID : 0fb6d47d-a6a9-479a-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 65.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| PAGE 28 OF 58 |
| FOR SE OF FORM 24/48 |

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Marilyn A Holt | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 314 Tumbleweed Dr | | Amount 16.80 | |
| City Winston Salem | State NC | Zip Code 27127 | Transaction ID : 756c259d-d3a9-45ab-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Joanna Kindstedt | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 2134 Tobaccoville Rd | | Amount 35.00 | |
| City Rural Hall | State NC | Zip Code 27045 | Transaction ID : ceef7644-a3ed-4ac7-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 51.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| PAGE 29 | OF 58 |
| FOR SE OF FORM 24/48 | |

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Gary W Fuhrmann | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 9425 Jessica Drive | | Amount 50.00 | |
| City Shreveport | State LA | Zip Code 71106 | Transaction ID : 92f33244-1352-4d89-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Gary W Fuhrmann | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 9425 Jessica Drive | | Amount 13.80 | |
| City Shreveport | State LA | Zip Code 71106 | Transaction ID : c919f64b-a1ec-4711-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 63.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 30 OF 58
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 50.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : eb573203-23da-4ef3-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 7.50 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 08b61f6c-c12c-4790-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 57.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 21 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 31 OF 58
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Adena V Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 450 Judson Dr | | Amount 42.50 | |
| City Wake Forest | State NC | Zip Code 27587 | Transaction ID : 0552260e-ceb3-4df3-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Adena V Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 450 Judson Dr | | Amount 4.50 | |
| City Wake Forest | State NC | Zip Code 27587 | Transaction ID : e1789c98-7990-45d1-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 47.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 21 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ | |
| | | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Payee Francis Richardson | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 220 Doucet Rd | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| City Lafayette | State LA | Zip Code 70503 | Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">27.00</div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div> | Transaction ID : 8af3a80b-9df4-45fe-9 Date of Disbursement or Obligation | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">122209.33</div> | | |
| | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Payee Francis Richardson | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 220 Doucet Rd | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| City Lafayette | State LA | Zip Code 70503 | Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">3.69</div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">002</div> | Transaction ID : f1e173b0-9960-4c22-b Date of Disbursement or Obligation | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">122209.33</div> | | |
| | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">30.69</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | | | |
|--|-------------|----------------------|---|--|--|
| Full Name of Payee Brandon Wheeler | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | | |
| Mailing Address 10112 Piney Creek Ct | | | Amount 40.00 | | |
| City Charolette | State NC | Zip Code 28215 | Transaction ID : 8fca989c-e53f-49b0-9 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|--|-------------|----------------------|---|--|--|
| Full Name of Payee Brandon Wheeler | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | | |
| Mailing Address 10112 Piney Creek Ct | | | Amount 10.50 | | |
| City Charolette | State NC | Zip Code 28215 | Transaction ID : 07666df3-22a2-48cf-9 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 50.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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 09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Payee Jackson S Tuttle | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Mailing Address 404 Chancery Park Ct | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | | |
| City Kernersville | State NC | Zip Code 27284 | Transaction ID : e4043980-d28f-4a58-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">318633.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Payee Jackson S Tuttle | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Mailing Address 404 Chancery Park Ct | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.50</div> | | |
| City Kernersville | State NC | Zip Code 27284 | Transaction ID : 8c0d49e1-78b8-4488-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">318633.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">47.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 35 OF 58
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Michael Chinchar | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 2730 Dave Ward Dr | | Amount 50.00 | |
| City Conway | State AR | Zip Code 72034 | Transaction ID : d3ae53a2-00ef-45d4-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Michael Chinchar | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 2730 Dave Ward Dr | | Amount 7.50 | |
| City Conway | State AR | Zip Code 72034 | Transaction ID : 2a0e1709-8f87-47c2-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 57.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|---|--|---|
| Full Name of Payee Lauren E Heffington | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 488 Broadwell Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div> | |
| City Nashville | State TN | Zip Code 37220 | Transaction ID : 809fbb7d-9ac7-4b12-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|---|--|---|
| Full Name of Payee Lauren E Heffington | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 488 Broadwell Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> | |
| City Nashville | State TN | Zip Code 37220 | Transaction ID : 048bab6a-c1d9-4973-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">23.60</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|---|--|--|
| Full Name of Payee Sandra C Montalbano | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 4177 Lowerline St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div> | |
| City Slidell | State LA | Zip Code 70461 | Transaction ID : caedc24-ff00-4cd0-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">122209.33</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|---|--|---|
| Full Name of Payee Sandra C Montalbano | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 4177 Lowerline St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.50</div> | |
| City Slidell | State LA | Zip Code 70461 | Transaction ID : cc24a792-c330-4253-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">122209.33</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">39.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee Bradley K Kissinger | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | | |
| Mailing Address 3113 Imperial Valley Dr. | | | Amount 20.00 | | |
| City Little Rock | State AR | Zip Code 72212 | Transaction ID : ac13772a-90b6-4d5a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|--|-------------|--|---|--|--|
| Full Name of Payee Bradley K Kissinger | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | | |
| Mailing Address 3113 Imperial Valley Dr. | | | Amount 5.10 | | |
| City Little Rock | State AR | Zip Code 72212 | Transaction ID : 043d5e03-e058-48d7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 25.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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 09 / 21 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| PAGE | 39 | OF | 58 |
| FOR SE OF FORM 24/48 | | | |

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|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Amelia Brackett | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 804 Roundabout Circle | | Amount 60.00 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : a65f871f-d401-4505-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Kaitlyn B Allen | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 2121 Daniel Dr | | Amount 60.00 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 61c36b8f-e0de-4abf-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 120.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 21 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Kaitlyn B Allen | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 2121 Daniel Dr | | Amount 34.89 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 21beb95d-1e6d-41e8-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Caleb A Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 2646 N Valencia | | Amount 30.00 | |
| City Fayetteville | State AR | Zip Code 72703 | Transaction ID : dffbe730-3894-4aa5-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 64.89 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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 09 / 21 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Caleb A Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 2646 N Valencia | | Amount 7.20 | |
| City Fayetteville | State AR | Zip Code 72703 | Transaction ID : 601ac2a5-ddc7-410b-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Christine Stevens | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 50.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 45390f7a-81bc-4d5e-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 57.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 42 OF 58
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Jazmine d Conner | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 100 ASBURY CT | | Amount 50.00 | |
| City WINCHESTER | State VA | Zip Code 22602 | Transaction ID : d88c0e50-dad4-4a79-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Rodney O Culbreath | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 50.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 7618f9db-f0c1-4377-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 100.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | |

| | | | | |
|---|-------------|--|--|--|
| Full Name of Payee Rodney D Culbreth | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014 | |
| Mailing Address 100 Asbury CT 3200 Dam Neck Rd | | | Amount 50.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : c099a6b7-7622-4c8b-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|--|--|--|
| Full Name of Payee Rze Culbreth | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014 | |
| Mailing Address 100 Asbury Ct | | | Amount 50.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 21256fd7-f067-4ece-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 100.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | |
|--|----------------------|--|---------------------------------------|
| Full Name of Payee Stephanie L Heun | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 8026 S Wilwood Dr Apt 101 | | Amount 40.00 | |
| City Oak Creek | State WI | Zip Code 53154 | Transaction ID : 7f551758-471d-4b63-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|----------------------|--|---------------------------------------|
| Full Name of Payee James Kindstedt | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 5510 Dogwood Dr | | Amount 35.00 | |
| City Winston Salem | State NC | Zip Code 27105 | Transaction ID : 9889c51e-43b3-4468-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 75.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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 09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee James Kindstedt | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Mailing Address 5510 Dogwood Dr | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.58</div> | | |
| City Winston Salem | State NC | Zip Code 27105 | Transaction ID : dec74592-3e63-4908-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Name of Federal Candidate Ms. Kay Hagan | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">318633.00</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee Jon E Conner | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Mailing Address 100 Asbury Ct | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 516eb675-2d4d-4194-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Name of Federal Candidate Ms. Kay Hagan | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">318633.00</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">64.58</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 46 OF 58
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Marysol Netro | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 312 S Gunter St | | Amount 60.00 | |
| City Siloam Springs | State AR | Zip Code 72761 | Transaction ID : 638d57a9-be4e-4648-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Clarissa Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address HU 10233 915 E Mancet Ave | | Amount 40.00 | |
| City Searcy | State AR | Zip Code 72149 | Transaction ID : 287a376b-84e4-44db-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 100.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Payee Clarissa Smith | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Mailing Address HU 10233 915 E Mancet Ave | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">31.50</div> | | |
| City Searcy | State AR | Zip Code 72149 | Transaction ID : 7a595cb0-cbbd-471f-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Name of Federal Candidate Mr. Mark L Pryor | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee James Tatro | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Mailing Address 1208 Braeburn Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | | |
| City Charlotte | State NC | Zip Code 28211 | Transaction ID : 0d13ea79-e34d-45dc-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Name of Federal Candidate Ms. Kay Hagan | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">318633.00</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">111.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee James Tatro | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1208 Braeburn Rd | | Amount 8.10 | |
| City Charlotte | State NC | Zip Code 28211 | Transaction ID : 9220b916-a020-431e-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Todd Ellis | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address P.O. Box 712 | | Amount 60.00 | |
| City Alexander | State AR | Zip Code 72002 | Transaction ID : 971c043d-34ce-4e1b-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 68.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ | |
| | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |

| | | | | | |
|---|--|--|---|--|--|
| Full Name of Payee Todd Ellis | | | Date of Public Distribution/Dissemination | | |
| Mailing Address P.O. Box 712 | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 19 / 2014 </div> | | |
| City State Zip Code Alexander AR 72002 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.00</div> | | |
| Purpose of Expenditure Mileage | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|--|--|---|--|--|
| Full Name of Payee Kelly Dolan | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 543 S 2nd St | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 19 / 2014 </div> | | |
| City State Zip Code Bellaire NC 77401 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | | |
| Purpose of Expenditure Salary | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">122209.33</div> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">95.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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 09 / 21 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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|----------------------|----|----|----|
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|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Kelly Dolan | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 543 S 2nd St | | Amount 10.50 | |
| City Bellaire | State NC | Zip Code 77401 | Transaction ID : a52c2717-bc1e-4c82-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Carol L Walters | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1900 Glen West Way | | Amount 95.00 | |
| City Fort Smith | State AR | Zip Code 72916 | Transaction ID : b5d52b97-8a8a-495e-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 105.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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(Schedule E)PAGE 51 OF 58
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Carol L Walters | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1900 Glen West Way | | Amount 8.10 | |
| City Fort Smith | State AR | Zip Code 72916 | Transaction ID : 8abc9ad4-ca0c-49cf-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee John P Hilkert | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 7 Bards Lane | | Amount 2.50 | |
| City Fletcher | State NC | Zip Code 28732 | Transaction ID : 2964e6f2-66a2-4b9f-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 318633.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 10.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|---|--|--|
| Full Name of Payee Parker H Morrow | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 506 N Horton Street | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | |
| City State Zip Code Searcy AR 72143 | Transaction ID : dd02651f-7fc1-4ae7-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|---|--|--|
| Full Name of Payee Parker H Morrow | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 506 N Horton Street | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.20</div> | |
| City State Zip Code Searcy AR 72143 | Transaction ID : dc0f3323-52fb-4a10-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">72.20</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Rebecca A Shearer | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 6544 Arno College Grove Rd | | Amount 50.00 | |
| City College Grove | State TN | Zip Code 37046 | Transaction ID : 1dba82a8-cfa4-4c75-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|-----------------------------|---|--|
| Full Name of Payee Tylan S Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 2320 Saint Nick Dr | | Amount 80.00 | |
| City New Orleans | State LA | Zip Code 70131 | Transaction ID : bea2022c-ac8a-49e2-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 130.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 21 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Tylan S Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 2320 Saint Nick Dr | | Amount 15.90 | |
| City New Orleans | State LA | Zip Code 70131 | Transaction ID : 5ba34ee2-6c9c-40cf-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 2329 Runnymede Dr | | Amount 50.00 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : 6001924e-442f-437e-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 122209.33 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 65.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|---|--|
| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 2329 Runnymede Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.90</div> | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : bfc1136d-1ad0-46e9-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">122209.33</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------|---|--|
| Full Name of Payee Timothy Foley | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 20679 Glenbrook Terrace | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div> | |
| City Sterling | State VA | Zip Code 20165 | Transaction ID : f4f7f4f8-7cbc-4037-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">94086.88</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">31.90</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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09 / 21 / 2014

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Chris McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1025 Cayley Ct | | Amount 17.50 | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 0ca3ad54-b1b9-4a24-9 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 318633.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Chris McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1025 Cayley Ct | | Amount 13.50 | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : f92c7687-2861-4d91-b |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 318633.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 31.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Danielle McCoy | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Mailing Address 1025 Cayley Ct | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">72.50</div> | | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 69c0cf9f-c0c4-432d-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Name of Federal Candidate Ms. Kay Hagan | | |
| | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Danielle McCoy | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Mailing Address 1025 Cayley Ct | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.90</div> | | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 0ab3a09f-b670-4097-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Name of Federal Candidate Ms. Kay Hagan | | |
| | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">85.40</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|--|--|---|
| Full Name of Payee Eleanor McCoy | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 4902 Catawba Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">85.00</div> | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 3c8969b2-cbe6-49f2-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">318633.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|--|--|---|
| Full Name of Payee Eleanor McCoy | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> | |
| Mailing Address 4902 Catawba Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.70</div> | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 176b227b-82e0-4dbf-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 19 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">318633.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">99.70</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3419.33</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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